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TO: Commissioner for Patents, Mail Stop: Amendment	FROM: Peter P. Tong Ph: 650-903-9200, Ext. 102 Fax: 650-903-9800
COMPANY: United States Patent Office	DATE: 5/11/2006
FAX NUMBER: 571-273-8300	NO. OF PAGES (INCLUDING COVER): 31
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: WVANP011
RE:	RECIPIENT'S REFERENCE NUMBER: 09/810,891

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Response Transmittal	1 page
Credit Card Payment Form – PTO 2038	1 page
Response to Office Action	16 pages
Information Disclosure Statement	2 pages
Form 1449	1 page
1 cited reference	9 pages

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MAY 11 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: BORDERS et al.

Attorney Docket No.: WVANP011

Application No.: 09/810,891

Examiner: BOYCE, Andre D.

Filed: March 16, 2001

Group: 3623

Title: SCHEDULING DELIVERY OF
PRODUCTS VIA THE INTERNET**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 11, 2006.

Signed:

Patricia Tate

Printed Name: Patricia Tate

RESPONSE TRANSMITTALCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	21	MINUS	20	00	x 25 =	x 50 = \$50
Independent Claims	2	MINUS	2	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$50.00

- ☐ Applicant(s) hereby petition for a _____ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☒ Enclosed is a Credit Card Payment Form for the amount of \$210.00 to cover the additional claim fee and Information Disclosure Fee.
- ☐ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. _____ (Order No. WVANP011).

Respectfully submitted,

*C. Douglass Thomas*C. Douglass Thomas
Reg. No. 32,947